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FROM

THE MEDICAL NEWS,
June 19, 1897.

[Reprinted from THE MEDICAL NEWS, June 19, 1897.]

**EXTRA-UTERINE PREGNANCY OCCURRING
TWICE IN THE SAME FALLOPIAN TUBE.**

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IN view of our preconceived ideas of the etiology, evolution and terminations of ectopic gestation, the occurrence of this condition twice in the same tube would scarcely seem possible. If we admit its occurrence in the case I report, it is certainly unique, as I am not aware of any similar case on record.

In a paper read by me before the State Medical Association of Missouri, at Sedalia, on the 19th of May last, on the subject of extra-uterine pregnancy, I reported, among others, the case of Mrs. T. D., then twenty-six years of age, the mother of three children, who, after passing her regular monthly period for four or five days, commenced to flow, which she regarded simply as delayed menstruation. This flow continued for four or five days, when on November 15, 1895, it suddenly stopped. She supposed she had taken cold, especially as she had some pain. On November 18th she was taken with severe pain in the left side of the pelvis, which "doubled her up," as she expressed it, and which was accompanied with faintness and diarrhea.

I made a diagnosis of tubal pregnancy, with rupture of the sac, and advised celiotomy, which she emphatically declined. In the meantime there was a return of the bloody flow. Her temperature rose to 103° F., and her pulse to 130 per minute, with great abdominal tenderness. The flow continued for about three weeks. There was a gradual subsidence of the more acute symptoms,

but a distinct tumor or swelling, with great tenderness, remained for months. About December 13, 1896, she consulted me and stated that she should have been unwell about the 10th but had had only a slight show, and as she had been perfectly regular up to that time, she was apprehensive that she might be pregnant, a condition to which she was very averse. I suggested it might be the effect of cold only, and that the next period might come around all right, and advised her in any event to leave the matter alone. On January 21, 1897, I was called to see her, and found her suffering great pain. She gave me the following history:

On the 14th of the month a profuse bloody flow had made its appearance, coming on with a gush like that from a hydrant. On the first or second day of the flow, a membranous, fleshy something came away, but she did not preserve it. The bloody discharge had continued quite free, without marked pain, up to the 21st, when in the afternoon she was seized with violent pain in the left pelvic region, which was accompanied by faintness and vomiting. When I saw her the pain was still very severe and the tenderness in the suprapubic region great. Upon digital examination, a distinct tumor in the left pelvic region could be felt. It was clearly not connected with the uterus, there being a distinct interval between. It was excessively painful to the touch, and seemed about as large as a small fist and somewhat elongated. I thought I could detect indistinct fluctuation. She had no fever, but a quickened and rather depressed pulse.

I was somewhat puzzled to account for the condition. Under the circumstances I should unhesitatingly have made a diagnosis of tubal pregnancy with rupture of the sac. With a previous history and a group of symptoms which clearly indicated an extra-uterine pregnancy in the same tube, with a rupture of the sac, I hesitated. I explained to her that some serious accident had happened in

the pelvis and that it indicated extra-uterine pregnancy, and that a celiotomy ought to be performed at once. To this she again objected. I gave her a hypodermic injection of one-third of a grain of morphin to relieve her great suffering, and left her, with instructions to send for me at once if any urgent symptoms arose.

The next morning, January 22d, in response to an early telephone message, I saw her again and found that she had rested fairly well during the night, but that some pain had again set in in the morning. She was quite pale, with a pulse 120 beats to the minute and depressed, but there was no rise of temperature. Digital examination produced the same excruciating pain and revealed the same swelling at the left of uterus. I explained to her that the rupture of the sac of an extra-uterine pregnancy had occurred, that the condition was an exceedingly critical one, that if she survived the immediate dangers she must expect to go through the same ordeal of suffering and ill-health as before, and advised her to submit to an operation. After much hesitation she consented, but not until late in the afternoon.

Aided by my assistants, Drs. Geitz, Schlueter, and Rohlfing, I proceeded to open the abdomen, making an incision of about two inches through the peritoneum. Passing in two fingers I found blood welling up from the pelvis, and readily recognized extensive adhesions. The uterus was retroverted and held by bands; the left Fallopian tube and ovary were somewhat prolapsed and firmly bound down. A rounded tumor could be felt about two inches to the left of the uterus in the track of the tube, which, upon attempting to raise it, became loose and dropped into the pelvis. It proved to be a firm mass made up mostly of clotted blood larger than a walnut. With my fingers I endeavored to detach the adhesions from the tube and ovary, but only succeeded in part. In fact, I was compelled to make a pedicle of a mass of

adhesions that bound the ovary down too firmly to be detached. The tube and ovary were then removed, the pelvis sponged out with sterilized gauze and the abdomen stitched up with silkworm gut, without flushing or drainage. A large rent was found midway in the Fallopian tube, from which the clot had escaped during the early manipulation. The fimbriated extremity was hermetically closed, the tube appearing as though two sacs existed, the one from which the above-mentioned clot had escaped, and a larger one at the outer end, with something of a constriction between. No fetus was found, but a careful search was not made to find it in the fluid of the belly.

That a similar accident had occurred more than a twelvemonth before, involving the same Fallopian tube, the history of the case, the identical group of symptoms in each case, and the pathologic conditions found at operation clearly demonstrated. If it be admitted that the accident in November, 1895, was a tubal pregnancy with rupture of the sac, how could a second pregnancy occur in the same tube? That it did occur, I think is certain. It might be contended that the failure to find the fetus at the time of operation leaves a doubt as to the diagnosis of ruptured tubal pregnancy. Upon this point, Mr. Tait says: "I have never seen an intraperitoneal hemothecoele that was not due to ruptured tubal pregnancy"; and when we find a tube dilated into a sac until the distension has caused its rupture, followed by an extravasation of blood in quantity, what other conceivable explanation can be given when we know that in many similar cases the fetus has been found? The criticism might have more weight if applied to the first accident, since actual rupture of the tube was not verified and it *might* have been an extraperitoneal hemothecoele (intraligamentous), though such a condition is scarcely possible in

view of the evidence of peritonitis which was found to have followed.

In what condition was the tube left after its rupture, after the peritonitis set up in connection with it, and after the absorption of the blood poured out at the time of the accident and the cicatrization and repair of the rent in its walls? It must be conceded that in accordance with the scheme of tubal pregnancy as at present understood, the tube should be patulous from the uterus to the *morsus diaboli* to permit of the passage of the ovum, on the one hand, and the spermatozoa on the other.

According to Bland Sutton, while the tube is expanding from the enlargement of the ovum within it, and the mucous membrane is stretched and its glandular folds effaced, "curious alterations are taking place at the abdominal ostium, which in most cases gradually bring about its occlusion, an event usually completed by the eighth week. During the first four weeks the congestion of the parts causes turgescence of the fimbriæ as well as of the muscular and serous tissues adjacent to them. When the parts are thus swollen the margin of peritoneum adjacent to the ostium is very conspicuous, and forms an irregular ring over the fimbriæ. In another fourteen days this ring projects beyond the fimbriæ, and lastly contracts and hermetically closes the ostium."

Admitting the correctness of my diagnosis in this case in the first instance, we must suppose that one of two things occurred, first, either the rupture in the first case occurred before the closure of the abdominal ostium, leaving the lumen of the tube after the repair of the rent still patulous, or, second, the fimbriated extremity having been closed, an ovum must have passed down the right tube, become impregnated in the uterus, and been forced up by muscular action into the left tube in the manner suggested by Tyler Smith and Kussmaul (referred to by Playfair).

The following is the report of the microscopic examination of the clot by Dr. Carl Fisch of this city: "The clot was carefully examined in every direction, but it was not possible to demonstrate the presence of an ovum or of its remnants. There were, however, several places where chorionic villi were present in great numbers, some torn off and single, while others formed small groups connected by parts of the membrane. A number of these villi showed evident signs of masceration and disintegration; others were quite intact and normal in appearance. In the latter, vascular structures could be plainly made out, showing that the embryo must have been older than two weeks."

NOTE.—Since this paper was written, my attention has been called to a most interesting paper by Dr. H. C. Coe of New York in *The American Journal of Obstetrics and Diseases of Women and Children* for June, 1893. In this article he reports one case of his own of undoubted successive tubal pregnancy in which an old unruptured tubal sac containing fetal bones was situated near the uterus and another of recent development near the fimbriated extremity which was patulous. The more recent sac had ruptured and contained a living fetus of four months. He also cites Hayden's case, also a double tubal pregnancy in which an old sac containing fetal bones was found lying apparently just outside the free extremity, while a second sac developed near the fimbriated extremity had ruptured.



The Medical News.

Established in 1843.

A WEEKLY MEDICAL NEWSPAPER.

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OF THE
Medical Sciences.

Established in 1820.

A MONTHLY MEDICAL MAGAZINE.

Subscription, \$4.00 per Annum.

COMMUTATION RATE, \$7.50 PER ANNUM.

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